

Send completed report by mail, fax, or email to: Department of Emergency Services PO Box 5511 Bismarck, ND 58506-5511

Fax: (701) 328-8181 dlacombe@state.nd.us

(701) 328-8100 or 1-800-773-3259

Grant Program	SHSP	LETPP		Fiscal Year	
Name of Subgrante	ee		Name of Contact		
Address			City	State Z	ip Code
Telephone Number		E-mail	DEM Grant Code	DEM Grant Code	
Fax Number		Report Number	Report Date	Report Date	
The solution	n areas are:		The equipment categories	are:	

- Planning
- Equipment
- Training
- Exercises
- M&A
- Organizational Activities

## The disciplines are:

- Law enforcement
- Fire service
- Emergency medical services
- Emergency management
- Hazmat response
- Public works
- Public health
- Health care
- Public safety communications
- Government/administrative
- Citizen Corps Councils
- Non-profit
- Other

- 1 Personal Protective Equipment
- 2 Explosive Devise Mitigation and Remediation
- 3 CBRNE Operational Search & Rescue
- 4 Information Technology
- 5 Cyber Security Enhancement
- 6 Interoperable Communications
- 7 Detection
- 8 Decontamination
- 9 Medical Supplies and Limited Types of Pharmaceuticals
- 10 Power Equipment
- 11 CBRNE Reference Materials
- 12 CBRNE Incident Response Vehicles
- 13 Terrorism Incident Prevention
- 14 Physical Security Enhancement
- 15 Inspection and Screening Systems
- 16 Agriculture Terrorism Prevention, Response, and Mitigation
- 17 CBRNE Prevention and Response Watercraft
- 18 CBRNE Aviation
- 19 CBRNE Logistical Support
- 20 Intervention
- 21 Other Authorized

Note: These progress reports are due on the following dates until all funds are expended:

January 15 April 15 **July 15** October 15 Solution Area:

- For each program list the solution area, project, award amount, amount spent, amount remaining, SHSS goal or objective being supported, status of the project, and discipline supported by funding.
- For **Planning, Organizational Activities, and M&A** attach evidentiary documentation to support activities (copy of plans, meeting minutes, etc.).
- For **Training** indicate the number of personnel trained at each level in each discipline. Attach a copy of the course outline, and attendance roster. Include the name of the course and the dates.
- For **Exercises** indicate the type and number of exercises conducted and the disciplines involved. Provide a copy of the HSEEP form.
- For **Equipment** identify the equipment category and the status of purchasing the equipment to include any difficulties.

Project:

Award Amount:	Amount Spent:	Amount Remaining:
Discipline:	State Homeland Security Goal or Object Being S	Supported:
Status (a detailed narrative):		
Solution Area:	Project:	
Award Amount:	Amount Spent:	Amount Remaining:
Discipline:	State Homeland Security Goal or Object Being Supported:	
Status (a detailed narrative):		